



PTO/SB/01 (12-97)

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		Attorney Doc	ket Number					
DECLARATION FO		First Named	Inventor	Seres				
PATENT APP		COMPLETE IF KNOWN						
(37 CFR		Application N	ation Number					
	·	Filing Date	Her					
	Declaration Submitted after Initia	al Group Art Uni	t T					
Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Na	me					
As a below named inventor,	I hereby declare that:							
My residence, post office add	ress, and citizenship are a	s stated below next to	my name.					
I believe I am the original, first	and sole inventor (if only	one name is listed bek	w) or an original.	first and joint inventor (i	f plurat			
names are listed below) of the	subject matter which is cl	aimed and for which a						
Protective Devi	ce for Dispens	sing Devices						
the specification of which	(Title	of the Invention)						
is attached hereto OR								
was filed on (MM/DD/Y	YYY)Herewith	as Ur	ited States Applic	ation Number or PCT In	ternational			
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment s	pecifically referred to above	/e.		,g	,			
I acknowledge the duty to discl	ose information which is m	aterial to patentability	as defined in 37 (CFR 1.56.				
I hereby claim foreign priority b certificate, or 365(a) of any PC America, listed below and have a or of any PCT international appli	also identified below, by ch	necking the box, any fo	reign application	for patent or inventor's o	inventor's States of certificate,			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy At YES N	tached?			
					7			
]			
Additional foreign application	numbers are listed on a s	upplemental priority de	ita sheet PTO/SB	/02B attached hereto:				
I hereby claim the benefit unde			nal application(s)	listed below.				
Application Number(s)	Filing Date	(MM/DD/YYYY)						
			Additional provisional application					
		numbers are listed on a supplemental priority data sheet						
			PTO/SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
U.	.S. Pare	ent Applicati Numb		PCT	Paren	t			ling Date		Par	ent Patent I			
		Numb	<u> </u>				(IVI	WOL	<u>// </u>	+-		(II applicat	ne)		
Additional	U.S. or F	PCT international	applicat	tion nur	nbers a	re listed on	a supple	ementa	I priority data	sheet F	PTO/SE	3/02B attached it	nereto.		
As a named inv and Trademark	ventor, I h	ereby appoint the nnected therewit	following th:	ng regis Custon <i>OR</i>	stered p	ractitioner(:	s) to prosecute this application and to transact all business in the Pa Place Customer Number Bar Code					omer Code			
			<u> </u>	Registe		ctitioner(s) tration	name/re	gistrat	ion number li	sted bel	ow L	Label here			
a 1 .	Nam			ļ		nber	_		Nan	ne			Registration Number		
Glenn L.	webi	32,668													
Additional	registered	practitioner(s) n	amed o	n suppl	ementa	Registered	Practiti	oner Ir	formation sh	eet PTC)/SB/02	C attached here	eto.		
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Name	Gleni	Glenn L. Webb													
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Address															
City	Coni	fer					Sta	State CO ZIP 804			33				
Country	US			Те	lephor	ne (303) 83	8-86	510	Fax	(30	3) 838-0	679		
believed to be punishable by	true; and fine or in	statements mad further that the aprisonment, or lassued thereon.	se state	in of m ements	y own i were m	nowledge nade with t	are true he know	and three	nat all staten that willful fa	lse stat	ements	and the like so	o made are		
Name of Se	ole or F	irst Inventor					□ A	petitio	n has been	filed fo	or this	unsigned inve	ntor		
Given Name (first and middle [if any])						Family Name or Surname									
Chris		a	,		1		Ser	es							
Inventor's Signature		Chi Sul								Date	12-21-				
Residence: (Morrison CO			Country			Citizenship US							
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Post Office A	ddress														
City		Morrison	State	СО		ZIP	804	65		Cou	ıntry	US			
	invente	rs are being na		n the	e i i		al Addit	i lenoi	nventor(e)	sheet/s) PTO	/SB/024 attac	hed here		





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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

<u></u>						-				
Name of Addition	lame of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor					
Given Na	1)		Family Name or Surname							
Sherrill	herrill				Garramone					
Inventor's Signature	Thomies.	X	ecci	Œr.	ndi	re		Date		12/21/
Residence: City	Lakewood	State	со		Country	us		Citizens	- 1	JS ,
Post Office Address	7745 W. Woodward		le			<u> </u>			···-	
Post Office Address				•						
City	Lakewood	State	CO		ZIP	30227	Country	US		
Name of Addition	nal Joint Inventor, if an	ıy:			A petition	on has been file	d for this	unsign	ned in	ventor
Given Na	me (first and middle [if any]))		Family Name or Surname						
Inventor's Signature								Da	te	
Residence: City		State			Country			Citizer	nship	
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City		State			ZIP		Counti	ry		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Na	Given Name (first and middle [if any]) Family Name or Surname									
Inventor's Signature		•						Dat	te	
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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c))-SMALL BUSINESS CONCERN	Docket Number (Optional)
Applicant, Patentee, or Identifier: Seres Application or Patent No.: Filed or Issued: Herewith	
Title: Owner	
I hereby state that I am the owner of the small business concern identified below: an official of the small business concern empowered to act on behalf of the concern	identified below:
NAMEOFSMALLBUSINESSCONCERN Inform Technologies, LLP.	
ADDRESSOFSMALLBUSINESSCONCERN 12189 W. Chenango Drive Morrison, CO 80465	· · · · · · · · · · · · · · · · · · ·
I hereby state that the above identified small business concern qualifies as a small but 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Tradem of employees of the concern, including those of its affiliates, does not exceed 500 persons. For (1) the number of employees of the business concern is the average over the previous fiscal year employed on a full-time, part-time, or temporary basis during each of the pay periods of the are affiliates of each other when either, directly or indirectly, one concern controls or has the a third party or parties controls or has the power to control both.	nark Office, in that the number or purposes of this statement, or of the concern of the persons fiscal year, and (2) concerns
I hereby state that rights under contract or law have been conveyed to and remain with identified above with regard to the invention described in:	h the small business concern
the specification filed herewith with title as listed above. the application identified above. the patent identified above.	
If the rights held by the above identified small business concern are not exclusive, organization having rights in the invention must file separate statements as to their status as to the invention are held by any person, other than the inventor, who would not qualify as an 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).	s small entities, and no rights independent inventor under
Each person, concern, or organization having any rights in the invention is listed below no such person, concern, or organization exists. each such person, concern, or organization is listed below.	w:
Separate statements are required from each named person, concern or organization stating their status as small entities. (37 CFR 1.27)	having rights to the invention
I acknowledge the duty to file, in this application or patent, notification of any change entitlement to small entity status prior to paying, or at the time of paying, the earliest of the i fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1	ssue fee or any maintenance
NAME OF PERSON SIGNING	
TITLE OF PERSON IF OTHER THAN OWNER Owner	
ADDRESS OF PERSON SIGNING 12189 W. Chenango Drive, Morris	
SIGNATURE DATE	12/21/98